

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	<u>10/564,497</u>
Filing Date::	09/08/06
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	Methods for Treating Vascular Diseases
Attorney Docket Number::	00786/443002
Request of Early Publication?::	No
Request of Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: US

Status: Full Capacity

Given Name: Randall

Middle Name: T.

Family Name: Peterson

Name Suffix:

City of Residence: ~~Stoneham~~Belmont

State or Province of Residence: MA

Country of Residence: US

Street of mailing address: ~~42 Perkins Street~~90 Wellesley Road

City of mailing address: ~~Stoneham~~Belmont

State or Province of mailing address: MA

Country of mailing address: US

Postal or Zip Code of mailing address: ~~02180~~02478

Applicant Authority Type: Inventor

Primary Citizenship Country: Great Britain

Status: Full Capacity

Given Name: Calum

Middle Name: A.

Family Name: Macrae

Name Suffix::

City of Residence:: Newton Center

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 142 Truman Road

City of mailing address:: Newton Center

State or Province of mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 02459

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Stanley

Middle Name:: Y.

Family Name:: Shaw

Name Suffix::

City of Residence:: Chestnut Hill

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 12 Larkin Road

City of mailing address:: Chestnut Hill

State or Province of mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 02467

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: J.  
Family Name:: Milan  
Name Suffix::  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 396 Beacon Street, # 3  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02116

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Travis  
Middle Name:: A.  
Family Name:: Peterson  
Name Suffix::  
City of Residence:: Naperville  
State or Province of Residence:: IL

Country of Residence:: US  
Street of mailing address:: 25 West 200 Highview Drive  
  
City of mailing address:: Naperville  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60563

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: C.  
Family Name:: Fishman  
Name Suffix::

City of Residence:: Newton Center  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 43 Kenwood Avenue  
City of mailing address:: Newton Center  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02459

**Correspondence Information**

Correspondence Customer Number:: 21559

**Representative Information**

Representative Customer Number:: 21559

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/ US04/020893	06/30/04
PCT/ US04/020893	An application claiming the	60/486,964	07/14/03
	benefit under 35 USC 119(e)		

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
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**Assignee Information**

Assignee name::	The General Hospital Corporation
Street of mailing address::	55 Fruit Street
City of mailing address::	Boston
State of Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02114